

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>fl</i>	76331	
O.I.P.E. CLASSIFIER		49	11/15/00
FORMALITY REVIEW		71622	12/19/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/12/00
2	✓	✓	9/12/00
3	✓	✓	9/12/00
4	✓	✓	9/12/00
5	✓	✓	9/12/00
6	✓	✓	9/12/00
7	✓	✓	9/12/00
8	✓	✓	9/12/00
9	✓	✓	9/12/00
10	✓	✓	9/12/00
11	✓	✓	9/12/00
12	✓	✓	9/12/00
13	✓	✓	9/12/00
14	✓	✓	9/12/00
15	✓	✓	9/12/00
16	✓	✓	9/12/00
17	✓	✓	9/12/00
18	✓	✓	9/12/00
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25	✓	✓	9/12/00
26	✓	✓	9/12/00
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28	✓	✓	9/12/00
29	✓	✓	9/12/00
30	✓	✓	9/12/00
31	✓	✓	9/12/00
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47	✓	✓	9/12/00
48	✓	✓	9/12/00
49	✓	✓	9/12/00
50	✓	✓	9/12/00

Claim	Final	Original	Date
51	✓	✓	9/12/00
52	✓	✓	9/12/00
53	✓	✓	9/12/00
54	✓	✓	9/12/00
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76	✓	✓	9/12/00
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82	✓	✓	9/12/00
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97	✓	✓	9/12/00
98	✓	✓	9/12/00
99	✓	✓	9/12/00
100	✓	✓	9/12/00

Claim	Final	Original	Date
101	✓	✓	9/12/00
102	✓	✓	9/12/00
103	✓	✓	9/12/00
104	✓	✓	9/12/00
105	✓	✓	9/12/00
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110	✓	✓	9/12/00
111	✓	✓	9/12/00
112	✓	✓	9/12/00
113	✓	✓	9/12/00
114	✓	✓	9/12/00
115	✓	✓	9/12/00
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117	✓	✓	9/12/00
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146	✓	✓	9/12/00
147	✓	✓	9/12/00
148	✓	✓	9/12/00
149	✓	✓	9/12/00
150	✓	✓	9/12/00

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)